

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2008
	Section 28: Payment for Health Care Services	Version: 1

POLICY	OLD POLICY:
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The Department of Child Services (DCS) will ensure that every child in out-of-home care receives a determination for Medicaid eligibility.

DCS will accept financial responsibility for all required health care services that are not covered by Medicaid or private insurance, for all children in out-of-home care.

DCS will accept financial responsibility for all required health care services for all children in out-of-home care who are not eligible for Medicaid or covered by private insurance.

DCS will utilize private health care insurance for all required health care services for any child in out-of-home care if they are covered under the private health care insurance of their parent/guardian/custodian.

DCS will require :

1. The resource family to obtain prior authorization for payment of any specialized treatment that is not covered by Medicaid or private insurance.
2. The DCS Local Office Director to authorize payment of any specialized treatment that is not covered by Medicaid or private health care insurance. The DCS Local Office Director may seek court approval before authorizing payment. See separate policy, [8.26 Authorization for Health Care](#).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that the resource family receives and signs a copy of this policy within three days of the child's placement.
2. Obtain authorization from the DCS Local Office Director for payment for any specialized treatment that is not covered by Medicaid or private health insurance.

The resource family will:

1. Follow the policies and procedures detailed in related policy: [8.26 Authorization for Health Care](#). Unless treatment is emergency in nature, take the child to any health care provider that either:
 - a. Accepts Medicaid, if the child is Medicaid-eligible; or
 - b. Accepts the private insurance plan that the child belongs to.

2. Inform the health care provider of the child's insurance status (Medicaid or private) and present applicable Medicaid/insurance cards.
3. Sign the bill to acknowledge that services were rendered.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

SIGNATURES

By signing below, I acknowledge that I have received a copy of, understand and agree to the terms of this policy.

Resource parent (s) 1:

(Printed name)

(Signature)

(Date)

Resource parent (s) 2:

(Printed name)

(Signature)

(Date)